

**KANSAS CITY, MISSOURI POLICE DEPARTMENT
EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

ATTACH PHOTO

ANSWER MUST BE TYPED OR PRINTED LEGIBLY WITH BLUE OR BLACK INK. EACH QUESTION MUST BE ANSWERED. THERE MUST BE NO BLANKS. IF THE QUESTION DOES NOT APPLY TO YOU, WRITE IN D.N.A. INFORMATION MUST BE ACCURATE. FALSE STATEMENTS WILL BE CAUSE FOR DISAPPROVING YOUR APPOINTMENT OR FOR DISCHARGE AFTER APPOINTMENT. THIS APPLICATION MUST BE COMPLETED ENTIRELY BEFORE IT WILL BE ACCEPTED.

DATE OF APPLICATION		POSITION FILED FOR:		LEARNED OF VACANCY THROUGH	
LEGAL NAME: LAST		FIRST		MIDDLE	
				FORMER NAME(S)	
S.S.N.		DRIVER'S LICENSE NO.		STATE	EXPIRATION DATE
				U.S. CITIZEN YES___ NO___	PLACE OF BIRTH
PRESENT RESIDENTIAL ADDRESS (NUMBER-STREET-CITY-STATE-ZIP CODE)					RES. PHONE (AREA CODE-NUMBER)
PREVIOUS RESIDENTIAL ADDRESS FOR PAST 7 YEARS* TO INCLUDE RESIDENCES WHILE IN MILITARY OR AT SCHOOL IN CHRONOLOGICAL ORDER.					
ADDRESS (NUMBER-STREET)		CITY, STATE, ZIP CODE		DATE MOVED: MO./YR. IN MO./YR. OUT	

BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR COMPLETE WORK HISTORY IN CHRONOLOGICAL ORDER FOR THE PAST SEVEN YEARS. INCLUDE, IN SEQUENCE, ALL PART-TIME JOBS, SHORT PERIODS OF EMPLOYMENT AND MILITARY SERVICE.

PRESENT EMPLOYER		JOB TITLE		DATE OF EMPLOYMENT	
PRESENT BUSINESS ADDRESS (NUMBER-STREET-CITY-STATE-ZIP CODE)		SUPERVISOR'S NAME		BUS. PHONE ()	
FROM DATE	NAME OF EMPLOYER	JOB TITLE			
TO DATE	ADDRESS OF EMPLOYER (NUMBER-STREET-CITY-STATE-ZIP CODE)	SUPERVISOR'S NAME		BUS. PHONE ()	
REASON FOR LEAVING		DESCRIPTION OF DUTIES			
FROM DATE	NAME OF EMPLOYER	JOB TITLE			
TO DATE	ADDRESS OF EMPLOYER (NUMBER-STREET-CITY-STATE-ZIP CODE)	SUPERVISOR'S NAME		BUS. PHONE ()	
REASON FOR LEAVING		DESCRIPTION OF DUTIES			
FROM DATE	NAME OF EMPLOYER	JOB TITLE			
TO DATE	ADDRESS OF EMPLOYER (NUMBER-STREET-CITY-STATE-ZIP CODE)	SUPERVISOR'S NAME		BUS. PHONE ()	
REASON FOR LEAVING		DESCRIPTION OF DUTIES			
FROM DATE	NAME OF EMPLOYER	JOB TITLE			
TO DATE	ADDRESS OF EMPLOYER (NUMBER-STREET-CITY-STATE-ZIP CODE)	SUPERVISOR'S NAME		BUS. PHONE ()	
REASON FOR LEAVING		DESCRIPTION OF DUTIES			
FROM DATE	NAME OF EMPLOYER	JOB TITLE			
TO DATE	ADDRESS OF EMPLOYER (NUMBER-STREET-CITY-STATE-ZIP CODE)	SUPERVISOR'S NAME		BUS. PHONE ()	
REASON FOR LEAVING		DESCRIPTION OF DUTIES			
FROM DATE	NAME OF EMPLOYER	JOB TITLE			
TO DATE	ADDRESS OF EMPLOYER (NUMBER-STREET-CITY-STATE-ZIP CODE)	SUPERVISOR'S NAME		BUS. PHONE ()	
REASON FOR LEAVING		DESCRIPTION OF DUTIES			

IF ADDITIONAL SPACE IS NEEDED TO ANSWER ANY OF THE QUESTION, USE A SUPPLEMENTAL APPLICATION FORM.

MILITARY-TO INCLUDE RESERVE AND NATIONAL GUARD:

BRANCH _____ ENTERED _____ / _____ / _____ DISCHARGED _____ / _____ / _____

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY LAW ENFORCEMENT OR OTHER GOVERNMENT AGENCY? _____ YES _____ NO

NAME OF DEPARTMENT OR AGENCY	ADDRESS (NUMBER-STREET-CITY-STATE-ZIP CODE)	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING APP.
1.			____ YES ____ NO	
2.			____ YES ____ NO	
3.			____ YES ____ NO	
4.			____ YES ____ NO	

EDUCATIONAL ACHIEVEMENT: G.E.D. _____ HIGH SCHOOL _____ COLLEGE GRADUATE _____

TYPE OF DEGREE(S) _____ AREA OR COURSE OF STUDY _____ NO. OF CREDIT HRS. _____

LIST EACH HIGH SCHOOL, TRADE, PART TIME, NIGHT SCHOOL, BUSINESS COLLEGE, UNIVERSITY, AND OTHER TRAINING SEMINARS, WORKSHOPS, OR PROGRAMS, JOB CORPS PROGRAMS OR ANY OTHER SCHOOL OR TRAINING PROGRAMS YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY & STATE)	ATTENDANCE DATES		GRAD.		DEGREE OR NO. OF UNITS
		FROM	TO	YES	NO	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

YES	NO	ANSWER THE FOLLOWING QUESTIONS YES OR NO
		1. HAVE YOU EVER BEEN CONVICTED/PLED GUILTY/PLACED ON PROBATION/PAID A FINE FOR ANY OFFENSE? (OTHER THAN TRAFFIC)
		2. HAVE YOU EVER BEEN CONVICTED/PLED GUILTY/PAID A FINE/PLACED ON PROBATION FOR ANY TRAFFIC VIOLATION?
		3. WERE YOU EVER CONVICTED OF ANY OFFENSE UNDER THE UNIFORM CODE OF MILITARY JUSTICE?
		4. ARE YOU CURRENTLY UNDER INVESTIGATION FOR ANY CRIMINAL OR MILITARY CODE OF CONDUCT OFFENSE?

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, LIST THE INFORMATION REQUESTED BELOW.

DATE	CHARGE	DETAINING, ARRESTING, OR INVESTIGATING AGENCY	PENALTY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

IN CASE OF EMERGENCY, NOTIFY:

FULL NAME: LAST, FIRST-MIDDLE _____

ADDRESS: NUMBER-STREET-CITY-STATE-ZIP CODE _____

PHONE NUMBER: AREA CODE-NUMBER _____

HOME: () _____

WORK: () _____

HOME: () _____

WORK: () _____

DO NOT SIGN UNTIL DIRECTED TO DO SO BY A MEMBER OF THE HUMAN RESOURCES DIVISION

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS OR FALSIFICATIONS OF THE ABOVE ANSWERS TO QUESTIONS. SHOULD INVESTIGATION DISCLOSE SUCH MISREPRESENTATIONS OR FALSIFICATION, MY APPLICATION WILL BE REJECTED, AND I WILL BE DISQUALIFIED FROM ANY POSITION IN THE SERVICE OF THE KANSAS CITY, MISSOURI POLICE DEPARTMENT. I AUTHORIZE RELEASE TO THE KANSAS CITY, MISSOURI POLICE DEPARTMENT OF ANY AND ALL INFORMATION CONCERNING ME: MY WORK RECORD, MY REPUTATION, MY FINANCIAL AND CREDIT STATUS, ANY AND ALL MEDICAL, PHYSICAL, AND MENTAL RECORDS AND REPORTS, INCLUDING ALL INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE, AND PHOTOSTATS OF SAME IF REQUESTED.

APPLICANT'S SIGNATURE _____

DATE _____

INTERVIEWER'S SIGNATURE _____